

## **REASONABLE ACCOMMODATION REQUEST INFORMATION PACKET**

The following forms used in the Defense Media Activity Reasonable Accommodation Program are attached:

- The **Confirmation of Reasonable Accommodation Request** form should be completed by the employee requesting the accommodation in order to provide pertinent information for record-keeping purposes.
- The **Medical Documentation Fact Sheet** provides an overview of the medical information needed for hidden or non-obvious disabilities.
- The **Medical Inquiry** form should be completed by your doctor/caregiver. This form provides a user-friendly method of gathering the necessary information. The information provided should be as specific as possible. Should the Agency require review by a medical professional, you will be contacted by the person assigned to process your request.

The completed forms should be submitted to the DMA Office of Diversity Management and Equal Opportunity (DMEO), by email to DMA Ft Meade HQ DMA Mailbox DMA EEO ([dma.meade.hqdma.mbx.dma-eeo@mail.mil](mailto:dma.meade.hqdma.mbx.dma-eeo@mail.mil)). Upon completion of review, the Reasonable Accommodation Program Coordinator will issue a memo outlining the agency's decision and any accommodations that have been approved.

Your case will remain active for 30 days after you receive this information packet. If the request is not pursued by providing the necessary medical documentation within that time, your case will be considered resolved. However, you can pursue the request at any time in the future by providing the necessary documentation.

Any questions, concerns, or requests for clarification should be addressed to DMEO at 301-222-6752 or DMA Ft Meade HQ DMA Mailbox DMA EEO ([dma.meade.hqdma.mbx.dma-eeo@mail.mil](mailto:dma.meade.hqdma.mbx.dma-eeo@mail.mil)).

**CONFIRMATION OF REASONABLE ACCOMMODATION REQUEST**

Name:

Component:

Telephone Number:

Cubicle/Office Location:

Manager:

Have you discussed your accommodation needs with your immediate manager? Yes ( ) No ( ) Please

provide a brief description of your medical condition:

(Attach additional information as necessary.)

OPTIONAL: Please specify the requested accommodation(s) and how it relates to your medical condition:

(Attach additional information as necessary.)

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

By providing the information above, you understand that in order to process your request for a reasonable accommodation due to a disabling condition, your manager may be required to contact other Agency personnel who, in the performance of their official duties, have a need to know the nature of your medical condition in order to assess your accommodation needs. A failure to submit acceptable medical documentation or a refusal to allow Agency personnel to review your medical documentation may result in your request for a reasonable accommodation being closed or denied.

## **MEDICAL DOCUMENTATION FACT SHEET**

The following information must be contained within the medical documentation provided by the medical practitioner and may be provided on the attached Medical Inquiry Form:

- (1) The nature, severity, and duration of the individual's impairment;
- (2) The activity or activities that the impairment limits;
- (3) The extent to which the impairment limits the employee's ability to perform the activity or activities;
- (4) Why the requested reasonable accommodation is needed; and
- (5) Whether the requested accommodation will be effective.

The documentation must establish how the requested accommodation will assist the individual in performing the essential functions of his/her position or how the requested accommodation will enable the individual to enjoy the normal benefits and privileges of the workplace.

### **Key Definitions**

#### ***Disability***

A physical or mental impairment that substantially limits one or more major life activities (i.e., walking, speaking, breathing, seeing, hearing, learning, caring for oneself, performing manual tasks, sitting, standing, lifting, reading, etc.). Whether an impairment substantially limits a major life activity is determined by the nature and severity, duration, and impact of the impairment.

#### ***Qualified Individual with a Disability***

With respect to employment, an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the position.

#### ***Essential Functions***

Those functions of a job that are so fundamental to the position that the individual cannot do the job without being able to perform them, e.g., the position exists specifically to perform that function, there are a limited number of other employees who could perform the function if it were assigned to them, or the function is specialized and the incumbent is hired based on his/her ability to perform it.

**MEDICAL INQUIRY FORM  
IN RESPONSE TO AN ACCOMMODATION REQUEST FROM:**

\_\_\_\_\_  
(Name of Employee)

**A. Questions to help determine whether an employee has a disability.**

A person has a disability under the ADA if the person has an impairment that substantially limits one or more major life activities. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or mental impairment?      Yes                   No

What is the impairment/diagnosis? \_\_\_\_\_

Is the impairment long-term or permanent?                  Yes                   No

If *not* permanent, how long will the impairment likely last? \_\_\_\_\_

Does the impairment affect a major life activity?                  Yes                   No

If *yes*, what major life activity(s) is/are affected?

- |  |                                    |                                   |  |  |
|--|------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Caring For Self         | <input type="checkbox"/> Walking   | <input type="checkbox"/> Hearing  | <input type="checkbox"/> Lifting       | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Standing  | <input type="checkbox"/> Seeing   | <input type="checkbox"/> Sleeping      |  |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Reaching  | <input type="checkbox"/> Speaking | <input type="checkbox"/> Concentrating |  |
| <input type="checkbox"/> Breathing               | <input type="checkbox"/> Thinking  | <input type="checkbox"/> Learning | <input type="checkbox"/> Reproduction  |  |
| <input type="checkbox"/> Working                 | <input type="checkbox"/> Toileting | <input type="checkbox"/> Sitting  |  |  |

Is the employee substantially limited in one or more of these major life activities? If yes, please explain.      Yes                   No

**B. Questions to help determine whether an accommodation is needed.**

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability:

What limitation(s) is interfering with job performance?

What job function(s) is the employee having trouble performing because of the limitation(s)?

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s)?

**MEDICAL INQUIRY FORM**  
**IN RESPONSE TO AN ACCOMMODATION REQUEST** *(Continued)*

**C. Questions to help determine effective accommodation options.**

The documentation must establish how the requested accommodation will assist the individual in performing the essential functions of her/his position or how the requested accommodation will enable the individual to enjoy the normal benefits and privileges of the workplace.

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are they?

How would your suggestions improve the employee's job performance?

**D. Comments.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\* For verification of signature please attach a business card or stationary with your letterhead. Thank you.*